

# REPORT OF DEATH INVESTIGATION

Troy Goode Page 1

**DECEDENT:** Troy Charlton Goode  
 (First Name) (Middle Name) (Last Name) (Jr., Sr., III, etc.)  
**ADDRESS:** Baptist Desoto ER Southaven MS Desoto  
 (Number & street or Route, Box No.) (City, State) (County)

Central Office Use Only

(Date of Receipt)

(DOD Code)

(COD Code)

Desoto County

ME Case Number

## INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

<b>AGE</b> (If less than 2 yrs. give months & days) 30 Years	<b>SEX</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined	<b>CLOTHING</b> <input type="checkbox"/> Clothed <input type="checkbox"/> Partly Clothed <input checked="" type="checkbox"/> Unclothed <input type="checkbox"/> Cold	<b>BODY TEMPERATURE</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	<b>BLOOD</b> <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input checked="" type="checkbox"/> Clothing <input type="checkbox"/> None	<b>FROTH</b> <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	<b>OCCUPATION</b> (Please fill in both parts) Chemical Engineer
Date of Birth						<b>TYPE OF WORK:</b> (Example: Machinist, typists, fireman, farmer salesman, homemaker)
<b>MARITAL STATUS</b>	<b>HEAD-HAIR</b>	<b>EYES:</b> Color _____ R _____ L _____ <b>WEIGHT:</b> _____ 130 lbs <b>LENGTH:</b> _____ 5' 11"	<b>RIGOR</b> (Circle Degree) <input checked="" type="checkbox"/> Neck 0 1+ 2+ 3+ <input checked="" type="checkbox"/> Arms 0 1+ 2+ 3+ <input checked="" type="checkbox"/> Legs 0 1+ 2+ 3+	<b>OTHER</b> <input type="checkbox"/> Dirt, water, etc. <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input checked="" type="checkbox"/> None		<b>INDUSTRY:</b> (Example: textile, banking, fire dept., farming, insurance, home)
<b>RACE</b>	<b>OTHER HAIR</b>	<b>LIVOR</b> Color pale/blue Fixed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Lateral	<b>MISCELLANEOUS:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Circumcised	<b>DECOMPOSITION</b> <input type="checkbox"/> Early <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> None	<b>No Occupational Information</b>	
<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> Partly Bald <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> White <input type="checkbox"/> Mustache <input type="checkbox"/> Beard					

## INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	7/18/2015	9:44 PM	7601 Southcrest, Southaven	Desoto	ON THE JOB? <input type="checkbox"/> YES ER <input checked="" type="checkbox"/> NO
LAST SEEN ALIVE	7/18/2015	9:44 PM	(By Whom: Name and Address) Dr. Oliver 7601 Southcrest, Southaven	Desoto	ER
DEATH	7/18/2015	9:44 PM	7601 Southcrest, Southaven	Desoto	ER
FOUND DEAD BY	7/18/2015	9:44 PM	(By Whom: Name and Address or Title) Dr. Oliver 7601 Southcrest, Southaven	Desoto	ER
POLICE NOTIFIED	7/18/2015	7:30 PM	POLICE AGENCY: Investigation	OFFICER: Southaven PD	
CORONER/ME NOTIFIED	7/18/2015	9:44 PM	(By Whom: Name and Address) Dr. Oliver ER		
VIEW OF BODY	7/18/2015	10:15 PM	7601 Southcrest, Southaven		<input type="checkbox"/> NOT VIEWED
WITNESS TO INJURY OR ILLNESS AND DEATH			(Name) Wife, Kelli Goode	(Address)	<b>BLOOD SAMPLE DRAWN:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Why not?: _____

## MANNER OF DEATH

NATURAL  HOMICIDE  ACCIDENT  SUICIDE  UNKNOWN  PENDING \_\_\_\_\_

MEDICO-LEGAL  
 AUTOPSY AUTHORIZED:  
 Yes  No

### PROBABLE CAUSE OF DEATH:

1. Complications Of LSD Toxicity

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

PATHOLOGIST  
 Erin Barnhart MD

Contributing factor: Believed to have taken several (Drops)  
 LSD

(Signature of Coroner or Medical Examiner)

OTHER AUTOPSY DONE:  
 Yes  No

M.S.M.E. \_\_\_\_\_ Decedent's Social Security Number: \_\_\_\_\_ (Date Signed) \_\_\_\_\_ (County) \_\_\_\_\_ (Your Number) \_\_\_\_\_

Body Released To: Hernando Funeral Home

Date: 7/19/2015

Time: \_\_\_\_\_

Send original to the State Medical Examiner. Copies must be forwarded to County Clerk of Court.

## REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)

<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> POISONING	<input checked="" type="checkbox"/> POLICE CUSTODY	<input type="checkbox"/> PUBLIC HEALTH HAZARD	<input type="checkbox"/> SURGICAL/ANESTHETIC PROCEDURE
<input type="checkbox"/> SUICIDE	<input type="checkbox"/> DISASTER	<input type="checkbox"/> UNKNOWN OR SUSPICIOUS	<input type="checkbox"/> STATE	<input type="checkbox"/> SUDDEN/UNEXPECTED	<input type="checkbox"/> UNATTENDED
<input type="checkbox"/> TRAUMA	<input type="checkbox"/> VIOLENT		<input checked="" type="checkbox"/> LOCAL/OTHER		

## MEANS OF DEATH (Agency or Object) - IF DEATH OTHER THAN NATURAL

IF MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver	<input type="checkbox"/> Lap Belt Used	<input type="checkbox"/> Hit-Run	<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Farm Vehicle
	<input type="checkbox"/> Passenger	<input type="checkbox"/> Shoulder Belt Used	<input type="checkbox"/> Non-Highway	<input type="checkbox"/> Truck	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Crash Helmet Worn		<input type="checkbox"/> Motorcycle	
	<input type="checkbox"/> Other			<input type="checkbox"/> Motorbike	

IF GUN	<input type="checkbox"/> Rifle-Cal. _____	<input type="checkbox"/> Stippling	<input type="checkbox"/> Oblong	LOCATION OF WOUNDS (If no autopsy):		
	<input type="checkbox"/> Handgun-Cal. _____	<input type="checkbox"/> Smudging	<input type="checkbox"/> Stellate	Head	Buttocks	Upper Arms
	<input type="checkbox"/> Shotgun-Gau. _____	<input type="checkbox"/> Abrasion Collar	<input type="checkbox"/> Surg. Treated	Neck	Thighs	Lower Arms
	<input type="checkbox"/> Unknown Type	<input type="checkbox"/> Round	<input type="checkbox"/> Other	Chest	Lower Legs	Hands
			Abdomen	Feet	Other	

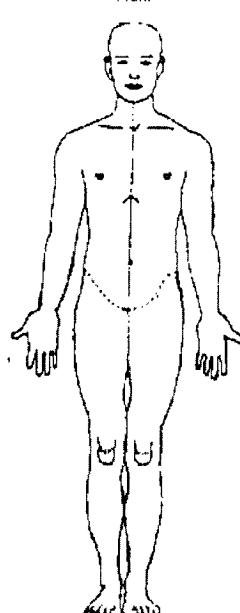
IF INSTRUMENT:	What Kind:	TYPE & LOCATION OF INJURIES:				
	<input type="checkbox"/> Blunt	<input type="checkbox"/> Unknown Kind				
<input type="checkbox"/> Sharp						

IF DRUG, POISON, CHEMICAL (Suspected)	<input checked="" type="checkbox"/> Alcohol	REMARKS/SYMPOTOMS:			<input checked="" type="checkbox"/> Ingested	<input type="checkbox"/> Topical
	<input type="checkbox"/> Other Drugs, Chemical or Poison (Specify by Name)				<input type="checkbox"/> Injected	<input type="checkbox"/> Other
	<input type="checkbox"/> Unknown				<input type="checkbox"/> Inhaled	<input type="checkbox"/> Unknown

CONDITION:		MEDICAL HISTORY					
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Fractures						
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Disease	DOCTOR:					
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure (specify)	Where treated:	ER				
<input checked="" type="checkbox"/> Drug Abuse	<input checked="" type="checkbox"/> Other (specify)	Medications:	Decadron 5mg, Ativan 2mg, Both IV in ER.				
<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Asthma, Drug abuse						
LSD							

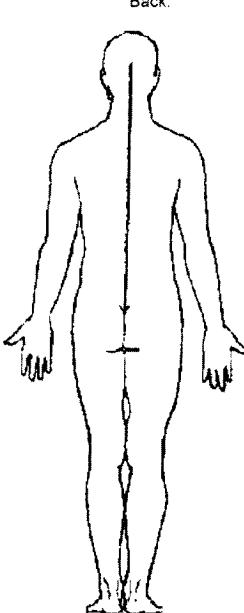
## NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):

Front:



Mr. Goode was transported to ER per EMS in Police Custody. He and spouse were in parking lot headed to a concert when Mr. Goode started running and screaming in parking lot and Goodman Rd, Southaven. Spouse Kelli said he had taken several (Drops) of LSD. Police and K9 unit apprehended him after a struggle. He was transported per EMS and police to ER. There, triaged with cuffed ankles and wrist as he continued to struggle, yell incoherently and stating he was exploding and MD unable to communicate with him. His pulse was 160-180 per EMS. Was placed in a room and given Decadron 5mg, Ativan 2mg IV and approx. Approx. 12-14 minutes later he stopped breathing and code was called. Was coded unsuccessfully for approx. 35-45 minutes. Has K9 bite left arm, abrasions on face after fall in parking lot while resisting arrest. Taze was attempted but only one dart struck him in upper back. He earlier had opened K9 door of PD car on self, letting K9 Dog out. I will obtain medical ER Records and send on Monday, 7/20/2015. Southaven PD is investigating. JP

Back:



Next Of Kin: Kelli Goode, Spouse

Phone Number:

Funeral Home: Hernando Funeral Home